

- [3] Beckman T. A case of simultaneous luxation of both ends of the clavicle. *Acta Chir Scand* 1924;56:156–63.
- [4] Gearen PF, Petty W. Panclavicular dislocation. Report of a case. *J Bone Joint Surg* 1982;64-A:454–5.
- [5] Jain AS. Traumatic floating clavicle. A case report. *J Bone Joint Surg* 1984;66-B:560–1.
- [6] Wasylenko MJ. Bipolar clavicular dislocation. Report of a case. *J Bone Joint Surg* 1987;69:953.
- [7] Echo BS, Donati RB, Powell CE. Bipolar clavicular dislocation treated surgically. A case report. *J Bone Joint Surg* 1988;70:1251–3.
- [8] Benabdallah O. Bipolar luxation of the clavicle. Apropos of a case. *Rev Chir Orthop Reparatrice Appar Mot* 1991;77:263–6.
- [9] Arenas AJ, Pampliega T, Iglesias J. Surgical management of bipolar clavicular dislocation. *Acta Orthop Belg* 1993;59:202–5.
- [10] Caranfil R. Bipolar luxation of the clavicle. A case report. *Acta Orthop Belg* 1999;65:102–4.
- [11] Scapinelli R. Bipolar dislocation of the clavicle: 3DCT imaging and delayed surgical correction of a case. *Arch Orthop Trauma Surg* 2004;124:421–4.
- [12] Pang KP, Yung SW, Lee TS, et al. Bipolar clavicular injury. *Med J Malaysia* 2003;58:621–4.
- [13] Dieme C, Bousso A, Sane A, et al. Bipolar dislocation of the clavicle or floating clavicle. A report of 3 cases. *Chir Main* 2007;26:113–6.
- [14] Lee HJ, Lee JS, Ko YB. Bipolar clavicular dislocation: a case report. *J Korean Fracture Soc* 2008;21:316–9.
- [15] Buckholz RW, Heckman JD. Rockwood and Green's fracture in adults. 5th ed. Philadelphia: Lippincott Williams & Wilkins; 2001. 1210–44.
- [16] Sanders JO, Lyons FA, Rockwood Jr CA. Management of dislocations of both ends of the clavicle. *J Bone Joint Surg* 1990;72-A:399–402.

Book Review / Critiques de livres

Book Review: Body MR Imaging at 3 Tesla. Kamel Ihab R, Merkle Elmar M, editors. Body MR Imaging at 3 Tesla. New York: Cambridge University Press; 2011. 224 pages, Hardcover, USD\$99.00. ISBN: 978-0-521194-86-0

With the recent growth in the volume of magnetic resonance (MR) imaging studies performed at 3 Tesla (3T) due to increased availability of this technology, this text would be a welcome addition to the bookshelf of any radiologist who is currently performing body imaging at 3T or indeed any radiologist who is considering it. The 14 chapters (224 pages in total) are well laid out, the content of each chapter is concise, and the text within each section is clearly written. The first chapter on “Basic Considerations About Artifacts and Safety” is an obvious place to start and covers the topic in detail. A chapter on “Novel Acquisition Techniques That Are Facilitated by 3T” follows, which again is clearly presented. It covers practical explanations of the most commonly used imaging sequences and how they differ at 3T compared with 1.5T. The remaining chapters are divided among breast, cardiac, and abdominopelvic imaging, with individual chapters about the liver, pancreas, adrenal glands, bowel, kidneys, prostate, and the female pelvis. Each section covers the individual topic with clarity and detail.

There is some repetition within the various chapters, most of the chapters start out with caveats regarding field homogeneity, specific absorption rate, as well as discussion regarding the relative benefits of the increased signal-to-noise ratio achievable at the 3T. However, this is to be expected given the subject matter. There is also some overlap in content. Combining the chapters on “MR Imaging of the Pancreas” and “Magnetic Resonance Cholangiopancreatography” could have avoided duplication in these sections, which are strangely separated by the chapter on adrenal imaging.

Images are generally good quality and plentiful, with clear image legends. There also are numerous graphs and tables that aid in the understanding of the often complex concepts of MR physics when imaging at 3T compared with 1.5T. The decision to place the colour plates in the middle of chapter 13 is somewhat confusing. It is a pity that the colour images were not placed at their respective locations within the main text instead of the grey-scale images, thus obviating the need for colour plates at all. Alternatively, they could have been placed as an appendix at the end of the book, before the Index. This, however, is a minor grievance. Within their contributing chapters, most authors acknowledge that the benefits of MR imaging at 3T over 1.5T are largely unproven, a fact also acknowledged in the preface, and this is to be welcomed. When discussing the benefits of imaging at 3T over 1.5T, the authors have included appropriate and up-to-date references.

Ultimately, the book succeeds in what the editors and individual chapter authors set out to achieve. With a paucity of textbooks that discuss imaging at 3T, it is a welcome addition and fills a gap in the market. Retailing at USD\$99 (Kindle edition is USD\$74.26), this book would be an excellent starting point for any radiologist who is planning to perform body imaging at 3T. Indeed, it may inspire more research to further elucidate more clearly where the benefits of imaging at 3T lie and thus maximize the exciting potential of body MR imaging at higher field strengths.

Darra T. Murphy, MB, BCh, BAO, MRCPI, FFR (RCSI)

Vancouver General Hospital
855 W 12th Avenue

Vancouver, BC V5Z 1M9, Canada
E-mail address: darramurphy@me.com
doi:10.1016/j.carj.2011.12.002